

New heart-disease prevention guideline: What physicians must know

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For decades, it was considered an easy way to prevent a heart attack, stroke or other cardiovascular event: take a low-dose aspirin daily. But for healthy older adults who want to cut their risk of cardiovascular disease, that course of prevention is no longer recommended, according to new advice from the American College of Cardiology (ACC) and the American Heart Association (AHA).

The 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease highlights the need for patients to make healthy lifestyle changes to cut their risk for cardiovascular disease. It also reinforces the AMA and AHA's commitment to ensuring patients and physicians have the tools they need to prevent cardiovascular disease.

Since 2015, the AMA and AHA have co-led Target: BP™, a national initiative aimed at reducing the number of adult patients with uncontrolled blood pressure and improving health outcomes associated with blood-pressure control. The AMA has developed tools and resources, as part of Target: BP, using the latest evidence-based information to support physicians to help manage their patients' high blood pressure.

Here are key recommendations from the guideline to help physicians and their patients prevent cardiovascular disease.

Skip the aspirin. A daily dose of aspirin is no longer the ideal recommendation for older adults who are not at high risk or who don't have heart disease. For patients who have had a heart attack, stroke, open heart surgery or stents placed to open clogged arteries, aspirin can be lifesaving. Physicians can recommend aspirin for high-risk patients, as long as there is no increased risk for internal bleeding, the guideline says.

Aspirin should only rarely be used to help prevent heart attacks and stroke in patients without known cardiovascular disease. The blood-thinning effect may be too high and the evidence of benefit is not enough to make daily aspirin worth taking for most adults.

Promote a healthy lifestyle. The best way to prevent cardiovascular disease is for patients to adopt a healthy lifestyle. The latest research informing the guideline includes these recommendations for your patients. They should:

- Eat a heart-healthy diet, such as plant-based and Mediterranean diets. They should choose more vegetables, fruits, legumes, nuts, whole grains and fish, while limiting salt, saturated fats, fried foods, processed meats and sweetened beverages.
- Exercise regularly, aiming for at least 150 minutes of moderate-intensity exercises each week, including brisk walking, swimming, dancing or cycling. If a patient is inactive, a little amount of activity is better than none. For those with busy schedules, small 10-minute bursts of activity throughout the day can add up.
- Maintain a healthy weight. Losing 5 to 10 percent of body weight can significantly reduce an obese patient's risk of heart disease, stroke and other health issues.
- Avoid tobacco use. One in three deaths from cardiovascular disease can be attributed to smoking cigarettes, vaping or exposure to secondhand smoke. Counseling or approved smoking-cessation medications should be tailored to each individual patient.

Patient-centered approaches. The recommendations emphasize the importance of team-based care, shared decision-making and social determinants of health.

Team-based care includes the entire health care team to improve the quality and maintenance of cardiovascular disease prevention. Primary prevention should also be a collaboration between the patient and physician. Shared decision-making occurs when physicians engage patients in discussions about cardiovascular disease risk and the perceived benefits of preventive strategies such as lifestyle habits, goals and medical therapies, says the guideline.

Socioeconomic inequalities are also strong determinants of cardiovascular disease risk. Physicians should tailor their advice to a patient's socioeconomic and educational status.

Target: BP offers annual, recurring gold-level recognition for all participating sites that achieve hypertension control rates of 70 percent or higher among their patient population of adults with hypertension, and participation level recognition for those sites that prioritize improving blood pressure control each year and submit data. In 2018, more than 800 organizations were recognized for their efforts focusing on blood pressure control within the populations they serve.